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Immigration*

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THE subject of immigration is necessarily of the greatest importance to Canada now that the war is over, and there is such a desire on the part of some portions of the country to expand at a rate commensurate with their ideas, no matter what types of immigrants are induced to accept the bait offered them.

The Canadian National Committee for Mental Hygiene has long ago realized that one of its most important tasks is that of learning the actual conditions existing in Canada to-day, and of pointing out dangers when they are discovered. Recent events go to show that we must take very careful stock of the different elements already admitted to our country, and in these days of social disquiet and unrest it is not without interest to learn what we must guard against in the future.

I have never believed in the policy of adding millions of people of different type from ourselves in so short a time that we cannot Canadianize them in a reasonable period. Extensive travelling in the Western Provinces has convinced me that in future it would be well to make haste slowly, and admit only those who are likely to make loyal and useful citizens in sympathy with our form of government. That we have not safeguarded ourselves in the past is only too evident to those of us who have come in contact with so many of the unsuitable elements admitted to Canada.

Prof. W. G. Smith of the Psychological Department in the University of Toronto has made a most elaborate study of the facts in connection with the immigration into Canada and what he has learned, added to what we have come in contact with in our clinics and in our investigations, has made us feel that the new immigration act has not come into force one minute too soon. If it is to be administered by men who are

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unhampered by political fetters and who are properly trained to do the work fearlessly and scientifically, it is not too late yet to rescue Canada from the perils which threaten it. Even Prof. Smith's figures, alarming as they are, do not begin to tell the facts as we know them, as they only reach the classes who were so obviously unfit that there could be no excuse for retaining them. These weaklings were deported, but what of those who were not the subjects of deportation. The surveys of provinces and cities being made by our committee are laying bare the skeletons hidden in various cupboards, and when we complete our work it will be abundantly evident that much of the immigration permitted was not of suitable class.

A good deal of irritation has been shown, for example, because we have dared to criticize the policy which has allowed Home children by the thousands to come to Canada without adequate medical inspection. The reply made by the lay representatives of these homes is that the inspection of such children is adequate, and the results have justified them. In one clinic alone in a little over a year thirty-two unmarried mothers, who state that they were brought to Canada by one well known home, have been met. Not a single girl could pass the moron grade, a large proportion are prostitutes and suffering from venereal disease. If one clinic can tell such a tale what must the inference be? Seeing, as we do, very large numbers of defectives, the proportion of "home" children among them is astonishing, and the facts we gleam are corroborated by the observations of educated workers in social problems. We have no prejudice against the Home system, as a system. It is theoretically an excellent thing; practically, it falls down without proper inspection for which Canadians alone must be responsible. Home children should not, in our opinion, be brought to Canada until they are old enough to be properly graded, they should be submitted to the most thorough physical and mental examination, and their careers should be watched for several years, so that they might be weeded out if they did not prove satisfactory additions to the population. In other words, if we must have this type of immigrant a far greater responsibility should be placed on the organization bringing the children to Canada than has as yet been imposed.

The facts brought to light by the Manitoba survey were illuminating, but the results were just what might have been expected when our methods of inspection are considered. In the United States much greater care was exercised, and yet their inspections were by no means as rigid as they might have been. To show the difference in results, though, in 1908 the U.S. authorities rejected one immigrant out of every seventy-two examined—Canada one out of two hundred and sixty-two.

During the years from 1910-18, Canada had her population increased by a little over two million immigrants, 680,000 coming from the United Kingdom, 861,000 from the United States, 485,000 foreign speaking. The immigrants from the United States, of course, included a vast number of foreign born, and while it is commonly said that these people came here solely for the sake of acquiring land, yet only 352,000 are classified as farm labourers, 125,000 are classified as mechanics, 104,000 are unclassified, and 188,000 tabulated as labourers. In view of what has been said about the American immigration these figures are somewhat disconcerting. Of the whole immigration in these years only 34% came under the heading of farmers or farm labourers, while mechanics who were not specially desired ran up to 15%. In other words, the immigration went, not to the land where it was required, but to the urban centres where it was not either desirable or particularly beneficial. As a matter of fact, the poorer mental types gravitate to cities where they find conditions of squalor and poverty to which they are accustomed. They are unable to make a living when asked to follow agrarian pursuits. To quote from Prof. Smith's article, "Take for instance the banner year of 1913, when 150,542 immigrants came from the United Kingdom. The total number of entries for homesteads for that year was 33,699, actually a decrease from that of 1910 by nearly 20%, while the immigration from the United Kingdom alone increased by 150%". The centres of unrest and discontent are in the cities and no matter where the blame for the chaotic state of affairs in Canada to-day is to be placed, it is only too evident to students of sociology that undesirable immigration is one of the most potent causes of the disturbances. Bolshevism is not a new world disease, but merely a hot house product imported from the slum centres of Europe, where degeneracy has produced its inevitable results. The specimens of advocates of their doctrines we have met should never have been admitted to this country, as their influence for evil is difficult to estimate, although it is undoubtedly great. Certainly the ideals which have counted so much in the past in keeping this young country sane, and an example of virility, are in danger as a result of the type of immigration that has been fostered of late years. We have been nursing a reptile that may easily prove our undoing when it is fully developed.

It must be remembered too, that it is undoubtedly the policy of the old world to retain its active and successful workers and to allow the restless, shiftless, and disturbing elements to go to the new world. If this was the case before the war, it will be intensified a hundred-fold by the new conditions imposed as the result of the war. Millions of the best physical types have been buried on the battle fields or rendered useless through wounds,—it is only too evident that European countries will

be more than reluctant to lose the remnant of their virile populations. Particularly will this apply to the best of the agricultural classes in Great Britain. They are the very people we need to make civilization safe in Canada for those who have built up this country. In other words, it is our duty to make national welfare the ideal for which we shall strive, and so guard the inlets that until reconstruction and readjustment for our soldiers who have been abroad are so well established that there is no opportunity to swamp ourselves with masses of undesirables. The slogan, let us have immigration practically unhampered and unlimited, is one of the most dangerous of all policies, and if Canada is to depend on its agricultural wealth for greatness, a brief survey of what is happening will give food for thought. We hear a great deal of the theory that the farmer is the backbone of the country; no doubt he is, and yet Canada is not keeping pace with the demands of the theory. The older provinces, Prince Edward Island, Nova Scotia, New Brunswick, Ontario, Yukon, and even the North West Territories from 1901 to 1911 showed a considerable decrease in rural population, while Quebec, British Columbia, and the three Prairie Provinces showed an increase, the rural increase being only 576,163 for the Dominion, while the urban increase reached 1,259,163. As Prof. Smith so clearly points out, "the task of the future is not in prohibiting immigration but in regulating it."

A great deal more might be said on this subject, but the object of this paper is merely to excite discussion and bring to the surface the ideas of a class tremendously interested in the problem of making Canada a great nation. The condition of affairs in Winnipeg to-day must cause every true lover of this country anxiety and worry as to whether we shall build up a great nation filled with lofty ideals, and a desire to retain our good name, or break up into a series of discordant provinces with the God of Selfishness riding triumphant over the ideals which have stood for success in the past. A nation built up with a people of sound mental and physical health will survive,—one erected on an unstable mental and physical basis will surely succumb.

The Public Laboratory as an Aid to the Health Officer*

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THE function of the Public Health Laboratory is to assist, in every way, the promotion of the Public Health of the community which it serves, a function which is identical with that of the Medical Health Officer.

Recognition of the value of laboratory service is sufficiently evidenced by the fact that all of the larger cities and many of only moderate size maintain their own laboratories. The Health Service to any community cannot be complete without frequent resource to laboratory examination and I desire to point out in a general way, and from the viewpoint of the laboratory man, how the Health Officer may derive the greatest amount of benefit from the particular laboratory serving his vicinity. Amongst the most frequent diagnoses required from the laboratory are those for diphtheria, tuberculosis, typhoid fever, the venereal diseases, and the examination of samples of milk and water.

Let us consider these individually. So far as diphtheria is concerned the laboratory may be of aid in both diagnosis and prevention. The success of diphtheria antitoxin depends upon its early administration and its use is advisable in every clinical case of diphtheria, but in doubtful cases valuable time is saved by being near a laboratory where a diagnosis may be obtained from a direct smear or six hour culture. Laboratory examination has, on more than one occasion, shown conclusively that a mild case of nasal diphtheria may act as a focus causing severe cases of throat infection in contacts.

The laboratory has been the means of perfecting the "Diphtheria-Toxin-Antitoxin Mixture" method of immunization against diphtheria. This is claimed to establish a far more durable immunity than is afforded by the use of diphtheria antitoxin alone. The administration of the mixture is controlled by the Schick test. Only those persons who give a positive reaction with the Schick test need to be immunized.

Many of the City Health Departments of the United States are requesting parents to have their children tested by the Schick test and if they react are administering the toxin-antitoxin treatment until immunity is established. There is no danger in connection with this

*Read at the Annual Meeting, Ontario Health Officers' Association, May, 1919.

treatment and if consistently carried out it should result in a decreased incidence of diphtheria amongst school children.

In some of our larger cities typhoid fever is becoming a rare disease. This is due to the fact that the various methods by which typhoid is spread are becoming better known and improved sanitary precautions are tending to wipe out the disease. The laboratory diagnosis by the Widal Reaction is comparatively simple, yet here, even in a true clinical case of typhoid if a sample of blood is collected too early the Widal Reaction may be negative. If the blood for examination is collected on paper it is advisable to use a hard glazed paper because it is very difficult to soak out enough serum from blotting paper to make a satisfactory examination. In doubtful cases the preparation of a blood culture is the best method of diagnosis and this can be readily done if laboratory facilities are convenient. From the standpoint of the Health Officer the typhoid carrier is even more dangerous than the frank case of typhoid. In the latter instance the patient is too sick to cause undue trouble and if the body excreta are thoroughly disinfected and trained attendants available the immediate spread of the infection may be controlled. But every frank case of typhoid may become a typhoid carrier. Even though the patient may have recovered perfectly he may harbour the germs in his body and they may be discharged in the excreta for varying lengths of time thereafter. From the viewpoint of preventative medicine it would be advisable to test every convalescing typhoid case as to its possibilities of becoming a typhoid carrier and in this way a menace to the community. Here again the laboratory comes to the aid of the Health Officer with facilities for testing the blood, urine, and feces of these patients for typhoid bacilli.

Everybody recognizes the value of an early diagnosis in the case of the tuberculous patient. In the majority of cases if the patient is to derive benefit from the treatment the diagnosis must be made before any advanced lesion has developed. Providing clinical symptoms warrant a positive diagnosis of tuberculosis and the laboratory diagnosis is negative it would seem wise for the physician to submit several samples of sputa to the laboratory before reaching a decision that the case is either closed or non-tuberculous. This would increase the work of both physician and laboratory but I feel confident that it would, in the case of tuberculosis at least, emphasize the fact that a single negative laboratory result in the face of positive clinical findings is of little value, while a single positive case with the diagnosis clinched only after repeated laboratory examinations and resulting in the patient taking the proper treatment would more than repay for the additional labour involved.

The time is rapidly approaching when a blood examination of every patient coming under the physician's care with any serious illness will

be considered as important as the urinalysis is considered to-day. It seems probable that differential counts, etc., which are of diagnostic importance will be included among the free examinations of the Public Health laboratory only in the case of the indigent patient because the benefit in these cases is to be derived by the patient alone and not by the community at large. The free Wassermann examination is a step in the right direction and the increasing demand and the percentage of positive results obtained would indicate that this step was inaugurated none too soon.

Much might be said of the special lines of work which the laboratory is prepared to handle some of which is purely medical in character, but which because of limited experience many medical men do not care to undertake. I refer particularly to the collection of specimens of blood and spinal fluid for the Wassermann examination, the collection of specimens and the intraspinal treatment of cases of cerebro-spinal meningitis, the testing of blood to determine safe donors for blood transfusion, etc.

Investigations conducted by the public health laboratories all over the continent during the recent influenza epidemic serve as a typical example of the part played by the laboratory in every new health problem.

In this investigation the laboratory examined nose and throat cultures, cultures from the sputum of influenza patients and cultures obtained at autopsy in an endeavour to determine the etiological factors concerned in the rapid dissemination of this disease. Besides this hundreds of prophylactic doses of influenza vaccine were administered and occasionally remarkable good results were obtained in cases of pneumonia complicating influenza by the intravenous injection of serum from patients who had recovered from a similar infection.

Every Health Officer is interested in securing a pure water supply for his community. Here a sanitary survey is as important as a laboratory examination. The laboratory by means of chemical and bacteriological examinations of the water may be able to tell whether a water is of good or poor sanitary quality even without much information regarding sanitary surroundings but in case a water shows the presence of a slight amount of organic pollution a knowledge of possible sources of pollution is necessary in order to give an opinion as to whether the water is safe for domestic use or what steps should be taken to make it safe. The laboratory man is inclined to draw certain conclusions from the nitrogen content of a drinking water. Completely oxidized organic nitrogen is found in the form of nitrate. Barring the presence of nitrates in the soil, a high nitrate content would indicate a previously polluted water which had been purified by the filtration of this water through a

sandy or gravelly soil. In the absence of colon bacilli this water might be safe for domestic use but it should be subjected to frequent analyses because during times of heavy rains the passage of the water through the soil might be so rapid as to prevent perfect purification by soil filtration. Ordinarily such a water if perfectly purified will show no nitrite or only a trace of nitrite and the presence of any appreciable amount of nitrite in a surface water would be looked upon with suspicion. But if the water came from a deep well any incompletely oxidized iron present might reduce the nitrates leaving a comparatively large amount of nitrite which would have no sanitary significance. I quote this simple example to show the necessity of furnishing the laboratory with as complete data as possible in order to enable the analyst to satisfactorily interpret his results. The laboratory is also ready at all times to send a trained man to investigate public water supplies and collect samples for analysis.

The problem of pure ice is one which is closely related to the problem of pure water but one which causes infinitely less trouble. I feel safe in making the statement that there are only two conditions under which natural ice is liable to cause any trouble and both of these conditions can be readily discovered by a sanitary inspection at the time the ice is harvested. The first is when shallow water is allowed to freeze to the bottom of the pond including in this way everything which was previously in the water. Such a condition is necessarily rare because of the difficulty experienced in harvesting the crop. The second is more common and therefore more dangerous. During seasons when a light crop is anticipated the ice may be flooded by punching holes through the thin ice and allowing the water to flow up over the surface of the ice. This procedure results in thicker ice in a poor season but if the ice is harvested from a polluted water it effectually prevents self-purification of the ice during the process of freezing and such an ice will contain all types of organisms present in the water. Such an ice may be dangerous. There is probably no danger connected with the use of natural ice harvested in the ordinary manner unless one of the two above mentioned conditions applies.

There is no food product in universal use which is subjected to so much contamination and to which so little attention is given as the milk supply of the small municipality. From an economic viewpoint the determination of the percentage of butter fat is important but from the public health viewpoint this is of minor importance as compared with the bacteriological examination. The total number of bacteria, if excessive, indicates improper handling or dirty milk, or both, while the presence of tubercle bacilli, streptococci, pus or blood would indicate unhealthy cattle. Any of these conditions are readily shown by analysis

and should call for immediate combined action on the part of the Health Officer, dairy inspector and laboratory.

In order for the physician to use the laboratory to his own greatest advantage he must be sufficiently familiar with laboratory technique to appreciate the necessity of care in the selection of the specimen to be examined and the container in which it is submitted. A sample of sputum collected the first thing in the morning from an early case of tuberculosis is more apt to show the specific organism than a sample collected at any other time during the day. It is also important to supply the laboratory with all available data in regard to your case, that is, co-operation should exist between the Health Officer and the laboratory similar to that which is making so great a success of group medicine.

In order to encourage this co-operation some health departments have arranged short laboratory courses for their Health Officers. The object of such a course is not to train laboratory experts, but to familiarize the Health Officer with everyday laboratory technique and instruct him in the interpretation of laboratory results. Any effort of this character is bound to result in an increased efficiency of our Public Health service.

President's Address

Annual Conference Medical Officers of Health

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I WISH to thank the members of the conference for the honour of Presidency and to assure them that the pleasure would be much greater if there was no address to be made or even if the subject was selected.

It is customary to review the advances that have been made in sanitation during the year, but as these have been most distinguished in the army, I feel that they should be taken up by a confrere who helped to make such a marvellous reputation for prevention of disease in the war.

The most outstanding incident in health matters during the past year was Influenza, but while this has been as successfully managed in Ontario as anywhere in the world yet the death rate has been great and our efforts to prevent it were largely unavailing. Scientific investigations have been carefully made, with results so varied that they leave one's mind in a state of chaos. Great as has been the destruction of life by Influenza I believe it will eventually *save more lives than it has destroyed, if we learn to cover our mouths and noses during coughing or sneezing* as was recommended by Benjamin Franklin long before bacteria were discovered.

The M.O.H. should make a careful examination of the ill health of his community and search for underlying causes. *It would be a good practice with every death under seventy years to trace its cause to its source* which may have been in infancy or before that. Until lately our only data have been the death and contagious disease lists; to these we are adding the condition of health of those commencing school and during the school period and recently a very interesting study was made by the military of all the youths between twenty and thirty and to our amazement it was found only fifty per cent. were fit for the fighting line. These are practically the only data we have for our diagnosis. The M.O.H. will find that about one-third die during the first 10 years of life, one-third during the next fifty. After he has analysed, tabulated and thought over these deaths he certainly will be better fitted to advise his Board of Health. He will probably find that seventy-five per cent. of children commencing school are defective and he will be compelled to

think of the causes of bad teeth, infected tonsils, cervical glands, and tuberculosis.

In 1917 I analysed one thousand consecutive causes examined by a Military Medical Board but was forbidden to publish it because it might indicate to the enemy our failing man power. No doubt the new Dominion Minister of Health will make this a careful study. Our diagnosis to be of any use must lead us to apply remedies. How can we avoid deaths among infants, ailments in school children, and among young men, defects that unfit them for service in war and consequently for efficiency in civil life? We can prevent small-pox with vaccination but this will not protect against any other disease. So with typhoid and diphtheria and a few other diseases each with its own protection but like the alchemists we fail to find one universal panacea.

One hundred years ago one out of seven deaths was due to small-pox, vaccination has almost excluded this disease from civilized communities. During the Boer war more deaths occurred from typhoid than from wounds, during the recent war protective vaccine has almost eliminated this disease from modern armies; but we have not more than a half-dozen effective vaccines or serums, yet men and women lived and flourished before these were discovered.

The human body is the most effective medicine factory in the world, but for this the human race would have been extinct a million years ago. This factory is made of the most intricate structures and is full of machines that produce the most wonderful products. The finest minds of the world have for centuries studied it and have established volumes of facts about it. Surely the care of this factory should be under the supervision of a superintendent who has a reasonable knowledge of its structure and workings. What ship would be entrusted to an engineer who did not thoroughly understand his engine? A novice might handle the levers and bring the ship to port if everything worked well but what would happen if a machine broke down. But the human factory is infinitely more intricate with hundreds of machines working in unison and human life is its product, yet the people of this province are complacent when quacks grossly ignorant of its mechanism undertake the supervision of this marvellous machine. The human body in spite of them maintains its ancient power over disease and often brings about a cure which these humbugs claim as due to their efforts.

The medical profession is largely responsible for this through their carelessness in not explaining; for very many forget the self-healing power of their bodies and attribute their health solely to their medicine so that it is natural for them to believe a recovery in the hands of a quack is due to his efforts no matter how futile and ridiculous.

If there is anything that the people of this province should insist upon it is that those who undertake the supervision of human life should have a knowledge of the anatomy and physiology of health and disease. The public should do this themselves for we have done it pretty well for them, as well as they would allow us to do but their appreciation of our efforts recalls a story of Voltaire who was asked by his father what profession he would like to take up. Voltaire answered that he would like to be a Reformer and his father replied, "Do you know what happened to the greatest Reformer who ever lived?" Many think our efforts to protect the public are attempts to perpetuate a monstrous trust.

Primitive men isolated the contagious or disposed of them by means not so humane. Fifteen hundred years before the birth of Christ, Moses laid down rules for quarantine, disinfection by washing and the burning of infected articles but their only immunity was inherited or accidentally acquired. They had no vaccines but they had immunity.

This self-healing power of the race is the basis of our modern immunization, a vaccine is injected which stimulates the organism to produce its protective bodies in advance so that when disease arrives it meets an effective resistance, and the organism escapes. Sir Almoth Wright thinks that we are on the eve of a great development in vaccines.

But our ancestors were not without means for stimulating this inherent power of resistance to disease.

This is well illustrated by our sanitorium treatment of consumption, for which there is no specific, but confidence, rest food and fresh air with sunlight are accomplishing miracles and these are the very agencies that have kept the race alive, are now, and even after the vaccine age arrives will continue to be our best aids to combat disease before and after exposure. Of course no amount of these things will prevent one getting smallpox or typhoid as does vaccination, but they help even these procedures and are effective now. Vaccines are very few and limited to one disease while these agencies are universal.

Faith cure is one of our best protectors. During an epidemic the terrified are the easiest victims. The most successful family physician I ever met gave a good advice, and good medicine, but gave more faith cure than a Christian science healer.

During the recent epidemic capable and reliable observers published a procedure that gave wonderful results and we felt that influenza was conquered until some equally competent and reliable observers using exactly the same thing published results that appeared disastrous. May it not be that the difference between the two was due to enthusiasm and faith cure.

I believe a well grounded optimism will increase the opsonic index.

REST.—Dr. Richard Cabot says, "I believe more minor illness are due to lack of sleep than to any other recognizable factor. A person catches cold, gets lumbago, is constipated, is headache ridden, sleep would set him right with the world". Exercise in the open must always be considered with proper sleep and this must be admitted as one of our best means of preventing disease.

FOOD.—The war has demonstrated in millions of cases the liability to disease of the underfed. In India, always half starved, 4,000,000 died of influenza last year, and in one village forty-four per cent. of the population. In this country there is little under feeding but much over feeding with improper diet. We do not drink enough water and our milk is often laden with tubercle.

FRESH AIR.—When we speak of sanitoriums we think of fresh air. Fresh air is excellent but the sunlight that should go with it is more important.

SUNLIGHT.—It was not without reason that the ancient Egyptians at the very zenith of their power and culture worshipped the sun.

An open case of tuberculosis with an occasional cough reads the paper for ten minutes and the paper is covered with living deadly germs. He places the paper on the table in a good sunlight and in ten minutes every germ is dead. This reminds us that sunlight is not only a good tonic but also an excellent disinfectant and that our movie theatres never see the light of day. Disease germs do not live long away from a living host but they do live and live best in the dark; our movies should be compelled to flood their auditoriums daily with sunlight.

A few years ago our factory was a great wall of brick with little peep-holes, now it is almost all glass. A workman's home should have as much sunlight as his factory. His home should be all sun-rooms or at least he should have one sun-room or out door sleeping-porch. This need not be expensive, with a French door instead of window somewhere, the sun-room could be added easily and cheaply. No one well-to-do ever plans his home without a glass sleeping-porch, why should the mechanic be without this room?

Doctor Adami says at least seventy-five per cent. of the Canadians have been tubercular. This means seventy-four out of seventy-five got well without knowing they had it; the only symptoms probably was a run down feeling. What can a sanitarium have that one cannot have at home? It is not the mountain or forest air, for one of the most successful sanitariums in the continent is right in the heart of a great city. We can have the same doctor, the same nurse, the same food, but we cannot have the same rest in the air and the sun unless we have a sun-room. Not only is this the best cure for consumption it is also the best pre-

vention and it enables us easily to isolate the open case right in the disinfecting rays. It is also the best tonic for a child delicate from any cause.

To sum up I wish to emphasize:

(1) That every M.O.H. should diagnose from all available data the health of his constituency once a year.

(2) That courage, rest, food, fresh air and sunlight are the best aids to immunity.

(3) That every movie should be flooded daily with sunlight.

(4) That every home built with government assistance should have a sunroom.

New Health Legislation*

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DURING the last session of the Legislature of Nova Scotia several very important amendments were made to the Public Health Act. The larger part of the new legislation provides for extension of the Department of the Public Health, and to this reference will be made presently. As the amendments will be published as soon as they are in print, this paper is intended merely as a synopsis of the main features, especially in respect to those upon which some comment would appear to be desirable.

It will be of interest to Medical Health Officers to know that the Medical Health Officer appointed for a town or city will hereafter be a member of the local board of health for that town or city; that the same applies to the Medical Health Officer of each county in which a county board is appointed; and that the Medical Health Officer appointed by a municipal council "shall be entitled to attend any meeting of any local board of health within that municipality and when at such meeting shall be deemed to be a member of such local board". This gives the Medical Health Officer a vote as well as a voice in determining the policy of local boards.

The section dealing with the composition of local boards in towns has been amended, and now reads as follows: "In every incorporated town, the town council, or a committee comprised of the Mayor and not less than three other members thereof, together with the Medical Health Officer shall be the Board of Health. The Mayor shall be the Chairman and the Town Clerk shall be the clerk of the Board".

As some confusion has existed relative to the powers of a local board to order quarantine, the section dealing with the action of local boards in respect to infectious diseases has been made clear on this point.

A local board may now *order* instead of *direct* a general vaccination in any district or part of a district. This change was made because of a feeling which some held that the word "order" has a more specific meaning than the word "direct".

Because of the difficulty which has been experienced in dealing with the sanitation of lumber camps and similar places, a new section has been added to the Act which reads as follows:

*Association of Medical Health Officers of Nova Scotia Antigonish, July 1, 1919.

"No person shall establish, conduct or maintain a camp or boarding house for the accommodation of his employees without a permit in writing from the Medical Health Officer of the district in which such camp or boarding house is situate setting forth that the sanitary conditions thereof are satisfactory and such permit may be revoked at any time by the Medical Health Officer if he deems the sanitary conditions to be unsatisfactory or if he believes that any occupant of such camp or boarding house not immune to vaccination against smallpox has not within five years been successfully vaccinated."

It is hoped that Medical Health Officers will make full use of this new section, so that these possible foci of infection may be made safe for our democracy.

The section which empowers a local board to order the vacation of insanitary tenements has been modified by the addition of a subsection which provides that instead of ordering such premises to be vacated the board may declare the premises to be unsanitary and order that no rent shall thereafter become or be payable by any occupant thereof until the conditions have been remedied to the satisfaction of the board. Any attempt at eviction after such action of the board may be penalized.

Upon representation of a deputation from the Pharmaceutical Society, Section 64, which deals with the treatment of venereally infected persons, has been modified and now reads as follows:

(1) No person other than a legally qualified medical practitioner shall attend upon or prescribe any drug, medicine, or treatment known to be used exclusively or chiefly for treatment of venereal disease to or for a person suffering from venereal disease for the purpose of the alleviation or cure of such disease.

(2) Every person guilty of a contravention of subsection (1) shall incur a penalty of not less than $100, and not more than $500.

In this connection I may be permitted to urge greater attention to the public health aspects of the venereal diseases. These conditions are receiving much consideration from the health authorities of other provinces and other countries, and we can ill afford to lag behind in so important a matter. It might here be stated that arrangements are being made for free laboratory diagnosis, when this is desired, in all cases of suspected venereal disease, and also for the necessary laboratory control of treatment.

Except that influenza has been added to the list of "infectious or contagious diseases", and therefore made reportable under the Act as well as under the Regulations which were issued when the recent epidemic made its appearance in our province, the balance of the new legislation deals with the enlargement of our health service.

Authority has been given for the appointment of an Inspector of Health, for the partition of the province into three health divisions and the appointment of a full time Divisional Medical Health Officer for each division, for the appointment of a Superintendent of Nursing Service for the province and of a public health nurse for each county, and for the establishment of a public health clinic in each county.

In a general way, the intention is that the Inspector of Health will be specially trained in the diagnosis of tuberculosis and also in the epidemiology of all communicable diseases. He will tour the county clinics at regular intervals, to assist as he can in the solution of our tuberculosis problem, and be available for such epidemiological investigations as may be required. The Divisional Medical Health Officers will correlate and coordinate the work of local Medical Health Officers and local boards within their respective divisions, where, being independent of local influences, we may expect them to be of assistance in smoothing out local differences. The medical inspection of school children and of the sanitary condition of school premises, places of public assemblage, manufactories, lumber camps, etc., will come under the general administration of these officers.

The public health nurse of each county will make headquarters at the county clinic, where she will be in attendance on clinic days. In the intervals, she will tour her district visiting homes where communicable diseases—particularly tuberculosis—exist for instructional purposes, keeping in touch with the schools where she will take such part in the inspection of the children and in follow-up work as may be assigned to her, and rendering such other service as she may.

At the clinics, attention will at first be more especially directed to tuberculosis and the conditions contributing to infant mortality, but doubtless it will be necessary to also deal with venereal cases to at least some extent. Pre-natal instruction and care of expectant mothers, instruction in baby care and baby feeding, etc., will go on primarily in the clinics but will also be a part of the nurse's duty while on tour.

The work of the county nurses will be under the general supervision of the Superintendent of Nursing Service, who will be expected to keep in close touch with the various clinics and see that proper and well directed activity is maintained.

This sketches very roughly what we hope to undertake. It will be conceded that the field is large and the opportunity great. The cordial co-operation of every Medical Health Officer is, we feel certain, assured. Without it, we could accomplish little.

Association of Medical Health Officers of Nova Scotia

The annual meeting of the Medical Health Officers of Nova Scotia, held at Antigonish on the first of July, under the presidency of Dr. W. B. Moore, M.H.O., Kentville, was not as largely attended as usual, but in every other respect surpassed any previous meeting. The papers were of exceptional merit, not only in respect to the material presented but in respect also to literary excellence. The discussions, too, were unusually good, well sustained and remarkably free from any tendency to stray from the points at issue.

After the disposal of routine business, the Provincial Health Officer gave a resume of the amendments to the Public Health Act passed at the last session of the provincial legislation, dwelling more particularly upon the sections providing for the enlargement of the provincial health service. The remainder of the morning session was devoted to the hearing and discussion of a most interesting and practical paper on "Statutory Practice", by Dr. A. E. Forbes, M.H.O., of Maccan.

In the afternoon, more business was disposed of, and then papers were read by Dr. George Townsend, Field Veterinarian of the Federal Department of Agriculture, on "Municipal Milk Inspection", by Dr. Clarence Miller, M.H.O , of Stellarton, on "Some Aspects of Influenza, Medica and Otherwise", and by Dr. A. G. Nicholls, Director of the Laboratories, on "The Epidemiology of Pneumonia". All three papers were splendidly prepared and most practical and elicited keen discussions.

For the morning and afternoon sessions, the finely appointed and equipped Science Building of the St. Francis Xavier University wa placed at the disposal of the Association—a courtesy which was greatly appreciated. The evening session, which was attended by many of the citizens of Antigonish, was held in the commodious Celtic Hall.

First on the programme of the evening session was the address of the President. Dr. Moore spoke with his usual fluency and eloquence on the successes and failures of medical practice. His address was followed with the most intense interest. Then came a paper by Prof. D. Fraser Harris on "The Medical Profession as a State Service", in which Dr. Harris very earnestly and effectively, and in the choicest phrasing, set forth the advantages to both the public and the profession which might be expected to result if curative as well as preventive medicine were to be placed on the basis of state service. The programme of the evening was completed by a most interesting presentation of "Recrea-

tion as a Public Health Measure", by Mr. A. B. Dawson, Physical Director of the Y.M.C.A., Halifax. Mr. Dawson showed very conclusively that recreation is of the utmost importance in the preservation of health, and his eminently sane and impressive treatment of his subject was greatly enjoyed.

The various papers will be published in the PUBLIC HEALTH JOURNAL.

In order to deal with all the business it was necessary to hold an extra session early in the morning of July 2nd. Later, the Medical Society of Nova Scotia met, many of the Medical Health Officers remaining over for its sessions. Those who remained were amply rewarded, as the meeting of this Society also was exceptionally good. The address of the President, Dr. Geo. H. Murphy, of Halifax, was not only of singularly beautiful composition and delightfully rendered, but it appealed to health officers because of the prominence it gave to matters affecting the public health, including a very effective reference to the importance of the venereal diseases.

In the course of the meeting of Medical Health Officers, a resolution was passed expressing appreciation of the action of both the Federal Government and the Government of Nova Scotia in bringing down legislation designed to provide better organization for conserving the health of our people. A scheme presented by the Provincial Health Officer for organization of cities and towns in anticipation of a return of epidemic influenza and referred to a special committee for consideration, was, with the addition of suggestions made by the committee unanimously endorsed. This plan may be had by anyone upon application to the Provincial Health Officer.

It was decided that next year's meeting will be held at Kentville with the object of stressing tuberculosis. The Medical Society also decided to meet at Kentville, and to hold at least one session at the Nova Scotia Sanatorium conjointly with the health officers.

The officers elected are as follows: President, Dr. Clarence Miller, M.H.O., Stellarton; 1st Vice-President, Dr. J. F. MacAulay, C.M.O., Sydney; 2nd Vice-President, Dr. E. E. Bissett, M.H.O., Windsor; Secretary, Dr. W. H. Hattie, P.H.O., Halifax; Councillors, Dr. F. E. Rice, M.H.O., Sandy Cove; Dr. R. L. Blackadar, M.H.O., Port Maitland; Dr. P. A. McGarry, M.H.O., Canso.

A Plan for a More Effective Federal and State Health Administration.

FREDERICK L. HOFFMANN, LL.D.
Third Vice-President and Statistician the Prudential Insurance Company of America

(*Continued from our last issue*).

Standardized Methods of Physical Examination

There can be no entirely effective Federal or State health administration which continues to ignore the physical facts of individual life and which does not concern itself with the conclusions derived from collective investigations concerning physical progress and physical well-being; yet, broadly speaking, in not even the most advanced civilized countries are efforts being made to first ascertain the true physical status of the population and the variations in health and growth from time to time, whether towards physical improvement or physical deterioration, as the case may be. Furthermore, and still more lamentable, is the fact that in not even the most advanced countries are such fragmentary data as exist intelligently utilized, but, quite to the contrary, are contemptuously disregarded as needless to the higher requirements of an intelligent policy of government resting upon the declared principle of general welfare.*

A beginning has fortunately been made in this country through the United States Children's Bureau to initiate a plan for the systematic measurement of children of pre-school age, subsequently, no doubt, to be followed by the introduction of systematic measurements of children during the teaching period from the primary grade to the university. It is true, of course, that vast numbers of children are being measured in school or out, and that equally vast numbers of measurements are made of young persons in industry, in the military service, etc. The lamentable fact, however, is that these measurements are, in the first place, crudely made; in the second, the prevailing standards of normal height and weight, chest expansion, etc., are seriously deficient in scientific accuracy; and in the third place, the ascertained deficiencies, or departures from the normal, are not made a matter of serious concern on the part of the school or the parents, or the medical

*For additional observations of my own on this important question see article on "Some Vital Statistics of Children of School Age", the *School Review*, December, 1913, see also my address on the "Physical Care of Children", *Medical Review of Reviews*, April, 1916.

profession, or all combined.* Now, a modern state, resting its claims for preeminence upon a thoroughly healthy population, can be such only if standards of physical health and well-being are correctly ascertained and then properly applied to the correction of errors or deficiencies in growth or development in the very earliest stage of cognizable departures from the normal. It serves but a very limited, if any, purpose to ascertain such errors after they have become thoroughly established and possibly been incorporated in the mature development of the body. What is here said of the simple requirements of physical anthropology applies, of course, with much greater force to the broader needs of physical examinations. By physical examination is here meant an amplified medical exanination, which can not be made properly by the physical examiner, governed too exclusively by the special requirements of physical anthropology. Unless, however, physicians are trained in making physical examinations they are just as likely to arrive at erroneous conclusions, most of all when, as is usually the case, the physical examination is made in a perfunctory manner and the judgment is guided by more or less misleading standards, as when medical conclusions are arrived at by physical anthropologists.† All such examina-

*Thus, for illustration, physical measurements are required of the pupils of all Indian Schools, not only at entrance or at the beginning of the term, but monthly throughout the school year. The instructions are that "each pupil must be accurately weighed at least once each month and the weight recorded on the form provided for that purpose". But the instructions are indefinite as regards the allowance to be made for clothing and there is no requirement as to observations on the changes in stature. The importance of weight as evidence of physical well-being is, of course, relative, varying with the height and age. The absolute weight is of much less importance than the relative weight, or weight in relation to stature. As far as known the statistics collected are not utilized for scientific purposes in a permanent or collective form. If subjected to critical analysis with due regard to the tribal affiliations and degree of race intermixture such statistics, even though limited to height and weight, would make a most valuable addition to physical anthropology.

†The Standard Child Labour Bill as recently introduced with slight modifications in West Virginia provides for "a certificate signed by a medical inspector of schools or public health officer stating that the child has been examined by him and in his opinion has reached the normal development of a child of its age, and is in sound health and physically able to be employed in the occupation in which the child intends to engage". With reference to proof of age a certificate is required, "signed by the public health physician or a public school physician, specifying what in the opinion of such physician is the *physical age* of the child", and that "such certificate shall show the height and weight of the child and other facts concerning its physical development revealed by examination and upon which the opinion of the physician as to the physical age of the child is based. In determining such physical age the physician shall require that the school record or the school census record showing the child's age be submitted as supplementary evidence". But as a matter of fact there are not, strictly speaking, as yet any trustworthy physical standards of age, growth or vocational fitness. Such standards can be developed only out of the data which are now being collected, but which

tions, as, for illustration, those for defects of vision, hearing, dentition, spinal curvature, etc., require extreme care if latent tendencies towards future serious defects and possible deformities are to be disclosed. There is, therefore, the utmost urgency that this aspect of modern health administration should receive prior consideration if the future health of the nation is to rest upon a strictly scientific as well as thoroughly practical foundation.

The questions involved in this suggestion have received the serious attention of the Committee on Race in Relation to Disease (Civilian Records) of the National Research Council. That committee has recommended a standardized form of physical measurements and medical examination, with a due regard to the racial antecedents of the person examined, chiefly, for the time being, limited to persons employed in industrial establishments. The committee clearly realized the importance of accuracy and thoroughness in the physical examination of adult applicants for employment, a sound physique being a prerequisite of the best possible results in industrial establishments. In other words, the same conclusions which apply to infants and children of pre-school age, which are recognized by the Children's Bureau as applicable to children of school age and post-school age and enforced in many schools, public and private, and made mandatory in some by the use of school inspectors, etc., are equally applicable to vocational training and to vocational activity, but particularly so during the years of late adolescence or just before complete maturity has been attained. A national and local health administration, resting its beneficent activity upon such a basis, can not but achieve measurably greater results than have been secured under the decidedly more restricted functions of public health and state medicine followed at the present time.* (See Appendix A.)

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will be seriously misleading unless the tabulation and analysis and resulting averages are with a due regard to the racial antecedents of the child, or, more precisely, the race of the father or the mother or the races of both.

It may be suggested here that the term *nationality* in investigations of this kind is grossly misleading and scientifically of no value. The *nationality* of a naturalized Italian is American; the *nativity* of an Italian, irrespective of citizenship, is Italian; the *race* of an Italian is with few exceptions of the same as the nativity, but the race of an American-born child of Italian parentage is Italian, and not American. The most difficult complications arise in the correct racial differentiation of the immigrant stock from certain central European countries, where nativity and race are frequently confused. The term *nationality* should never be used in investigations of this kind.

*In a collection of papers on Army Anthropometry and Medical Rejection Statistics (Newark, N.J., 1918, Prudential Press), I have brought together a considerable amount of useful information from American and foreign sources, not generally accessible. The address emphasizes the urgency of much more rigid conformity to strictly scientific requirements, if results of really practical and lasting value are to be secured.

The Practical Value of Sickness Statistics

The second prerequisite of a rational and effective public health administration is *the accurate and complete registration of all serious illnesses*, whether in private practice or in institutions under medical supervision and control. What has properly been called the "wasted records of disease" constitute, by their non-use at the present time, an indictment of the public health authorities and the medical profession as indifferent to the most vital facts which concern national health and well-being. The conclusions drawn from mortality statistics are naturally of a very high order of intrinsic value, but after all they serve rather historical or retrospective purposes, and quite frequently the lessons drawn therefrom are no longer applicable to a possibly completely changed state of affairs. The statistics of communicable or transmissible diseases are frequently limited chiefly to the acute infectious diseases of infancy, as to which the enforcement of drastic quarantine regulations is least difficult. The reporting of such a disease as tuberculosis is still far from having attained even a reasonable degree of approximate accuracy, so that for practical purposes most of the data are useless and misleading. That much can be done in the direction of broadening the plan and scope of such disease reporting has been made evident by the gratifying results in the State of Mississippi, where trustworthy returns are now being made by over 90 per cent. of the physicians throughout the State. The reluctance on the part of the medical profession and the unwillingness frequently shown to completely fill out certificates of communicable diseases and to promptly forward the required information to the central office of the State or local board of health are but further evidence of a failure on the part of the medical profession to clearly realize its public status and semi-official relations to the government. As perhaps the most conspicuous illustration of unwillingness or indifference in this respect mention may be made of the failure of a large number of physicians in practice in the Sacramento Valley of California to promptly and accurately report current cases of malaria at a time when the increasing frequency of the disease, in consequence of the extension of irrigation and rice-growing projects, constitutes a serious menace to the present and future health and welfare of the people of the State. Equally lamentable is the apathy on the part of the State health authorities to bring about the drastic enforcement of the official rules and regulations which require such reporting but which are often treated with official indifference little short of contempt.*

*See in this connection the observations and data on the failure of the U.S. Public Health Service to secure complete returns of malaria morbidity through the co-operation of practising physicians in the Southern States as set forth in my address on "Malaria in Peace and War", prepared for the National Committee on Malaria, Prudential Press, 1918.

Objections will be raised to the suggestion that the reporting of serious diseases, including such, for illustration, as diseases of the heart and circulatory system, of the urinary system, of the respiratory system, all forms of tumours, etc., would impose a very considerable amount of additional clerical labour upon more or less overworked physicians in private practice, while, on the other hand, there would be the risk of making public information considered at law entirely confidential between patient and physician. The answer is that the physician would not be required to communicate the name of the person concerned, but only certain essential statistical facts, such as age, race, occupation, locality, etc., together with the nature of the disease, the duration of the treatment and the results thereof, conforming, broadly speaking, to the practice which now prevails in private and public hospitals. The only reason why the term "serious disease" is used is that, for the present, no complete list of such diseases as would most urgently require reporting is offered, and to make it clear that there is no intention of imposing upon the medical profession the very considerable burden of reporting all trivial ailments, of slight statistical, medical or economic value. It is precisely on this ground that the most serious objections lie against the compulsory system of health insurance, in that no discrimination is exercised in the form of treatment and that the major portion of time, thought and expense is devoted to trivial and partly imaginary ailments, to the serious disadvantage of patients in urgent need of highly specialized skill, prolonged nursing care, etc. In medicine, as in everyday life, a choice must be made between that which is of major and that which is of minor importance. The same regrettable errors which underlie our public library management impair the practice of compulsory sickness insurance, in that in the former most of the public money is wasted on books and periodicals practically within the reach of every one, while the more costly works of reference, scientific periodicals, etc., urgently required by earnest students seeking to advance the interests of some one branch of science or another, are generally not available. Neither in Germany nor in England, under social insurance, are those who are most in need of thoroughly qualified medical or surgical skill, or prolonged nursing care, surgical or other appliances, high-priced medicines, costly institutional treatment, radium, X-ray, etc., cared for as their condition most urgently demands.* For these and many other reasons it would not seem advisable to require the reporting of minor

*For an extended discussion of the more involved aspects of compulsory health insurance, see my address on "Facts and Fallacies of Compulsory Health Insurance", Newark, 1918, and a paper on "The Failure of German Compulsory Health Insurance—A War Revelation", read before the Association of Life Insurance Presidents, New York, December 6th, 1913.

or trivial ailments such as constitute in every-day practice a large proportion of the cases, having neither much pathological nor sociological significance; but it is insisted that the more serious types of disease should be systematically and accurately reported, so that their respective degree of frequency occurrence may be known and thoroughly understood. No real progress can be made in public health, in the larger sense, until the essential facts of health and physical well-being are made available and practically applied by those qualified to do so.

A Ministry of Health

The question involved goes to the root of the whole problem of *health* administration. A voluminous discussion in connection with the proposed Ministry of Health for the United Kingdom leads inevitably to the conclusion that no satisfactory solution can be had without a complete reorganization of the medical service in its relation to the general public.* As well said by Dr. Addison, Minister of Reconstruction, on November 7th, 1918, in a parliamentary discussion of a bill to establish a Ministry of Health, "The main purpose of the bill was to bring together under one body of men and one ministry the chief government departments concerned in matters affecting the health of the people. The bill did not provide medical treatment for any individual, nor did it affect the functions of any local authority of any kind". In other words, the bill proposes merely the reorganization of existing public health functions, no serious attempt being made to establish a national health service upon a new foundation of basic principles governing the true health and physical well-being of the people.

More than a hundred years ago a New York physician, Shadrach Ricketson, in a work on "The Means of Preserving Health and Preventing Diseases", directed attention to the fact that modern (sic) medical practice was largely at variance with the ancient past when "a class of physicians called hygienists attended people only in health, in order to preserve it and to prevent diseases". "Although", he continues, "these practitioners have become extinct in this age, yet there is good reason to believe that they might be usefully revived and re-established and that they would in great measure frequently supersede the necessity of the therapeutic or curative physicians of the present day". This argument, advanced in the year 1806, applies with decidedly stronger force at the present time, in view of the much more widely diffused understanding of the general principles of personal hygiene and the practical disappearance from among the population at large of seriously wrongful habits, gross intemperance in food and drink, indiffer-

*Of historical value is Edwin Chadwick's address on the "Requisite Attributes of a Minister of Health", International Congress of Hygiene, Paris, 1878.

ence to unsanitary surroundings, etc. The suggestion made by Ricketson at the time may here be repeated, that "The idea of making every person his own physician in the cure of diseases appears foreign and in great measure impracticable; but as far as respects the prevention of them and the preservation of health, are more or less attainable by all who will attend to the means". In other words, *health* depends primarily upon a rational mode of living, with a due regard to "air, climate, drink, food, sleep, exercise, clothing, passions of the mind", etc.*

It is difficult to conceive how the proposed Ministry of Health can possibly meet the broader requirements of the bill in the direction suggested, as regards the multitude of matters which concern individual health and well-being. As long as a Ministry of Health is made to rest primarily upon the police powers of the nation, and of these chiefly the principle of quarantine, or the control of infectious and contagious diseases, the largest possible measure of progress in physical health and physical efficiency will not be attained. It is true that the proposed Ministry is to include such important functions as the work of the Health Insurance Commission; of the Board of Education, as regards the health of mothers and infants; of the Privy Council, as regards midwives; and of the Home Office, as regards the protection of infant life. These functions are naturally involved in the larger question of national health administration, but subsidiary to the fundamental principle of the physical examination and medical supervision of at least that portion of the entire population whose ages fall below the year of legal majority, the reporting of all serious diseases and a limited state medical service.

The foregoing observations are not to be construed as an argument against the proposed Ministry of Health, which, though materially limited in plan and scope, should nevertheless result in most urgently required and far-reaching reforms. As has been well said in an editorial in the *British Medical Journal* of November 16th, 1918, "The bill avoids, rather than meets, the major difficulties, but to get it into right focus, it is necessary to remember that it professes to do no more than make a beginning", being merely, in the words of Dr. Addison, "a first installment of the legislation needed to render it possible to achieve real progress in improving the health of the people". And, according to the same periodical, "The appeal set up is that the Ministry of Health should

*The whole subject of personal hygiene is presented in a conveniently condensed form in a manual on proper living upon a physiologic basis, entitled "Personal Hygiene", edited by Walter L. Pyle, M.D., including among the contributors George Howard Fox, M.D., on "Hygiene of the Skin and Its Appendages"; E. F. Ingals, M.D., on "Hygiene of the Vocal and Respiratory Apparatus"; J. W. Courtney, M.D., on "Hygiene of the Brain and Nervous System"; G. N. Stewart, M.D., on "Physical Exercise"; Joel E. Goldthwait, M.D., on "Body-Posture"; and G. H. Bergey, M.D., on "Domestic Hygiene".

be empowered to take all possible steps to secure the effective carrying out and coordination of measures conducive to the health of the people, including the prevention and cure of disease, the remedy of physical and mental defects, the collection and dissemination of information and statistics relating thereto, and the training of persons engaged in health services".

To be continued.

The Social Background.

Special Report of the Medical Officer of Health, Toronto, on the more efficient provision and care for infants and children born out of wedlock and for homeless children in general.—Presented to the Local Board of Health, August 15th, 1919.

PROPER provision for the efficient care of children of illegitimate parents is one of the most important problems confronting municipalities at the present time. The twentieth century has frequently been referred to as the century of the child. Never were the interests of children given so much consideration. Never did child welfare make so universal or so strong an appeal. But in respect to children unfortunate enough to be born without the sanction of law, we have still to experience an awakening. In respect to children who are, or may be, denied the advantages of their own parents' homes, our methods are also in urgent need of reform.

Are we Playing Fair with the Child?

If we are sincere in our moral obligations to the parentless child, we must first see to it that our laws affecting these children are stripped of their cruelty and injustice. How long is our so-called Christian civilization going to tolerate the gross injustice of branding the innocent, helpless child born out of wedlock as an "illegitimate child". It would be difficult to conceive of anything more cruelly unjust. We are trying to correct immoral conditions with laws that are themselves immoral. Surely the child born out of wedlock has been sinned against enough as a result of the nine months' continuous nervous strain through which the mother has had to pass, forced to conceal her condition until the last moment, with no one to give her advice or guidance as regards her own well being as well as that of the unborn and unwelcome stranger, in consequence of which, it is more or less handicapped with a poor physique and a nervous and sensitive temperament to face the trials of a life that is made unnecessarily hard. Other children have a father and a right to use his name, and their birth certificates do not contain the brand of illegitimacy as does that of the unfortunate child born out of wedlock.

When will our Christian civilization cease from this martyrdom of labelling the innocent offspring of illegitimate parents "illegitimate". As Hartley said, "All this cruel action has been done in the name of morality. Let us tear the mask from the lying face of our social conscience". The urgent duty that rests upon the state and upon all of us is the duty of taking action to prevent the penalty of illegitimate parents

being paid by the innocent child. A law is urgently required that will facilitate the establishment of paternity and will hold the father responsible for the support of his child and will give to the child the name of its father, whether in or out of wedlock. This is no brief for illegitimate parentage, which cannot be too strongly condemned, but it is a plea for the rights of the innocent child.

Child placing in Toronto.

In September, 1917, I pointed out to this Board the advantage of private homes as compared with institutions, for the care of infants. Attention was directed at that time to the fact that was recognized ten years ago by the White House Conference on the Care of Dependent Children, and formally re-affirmed at the National Conference of Social Work this year, namely, that "as to children who, for sufficient reasons, must be removed from their own homes, or who have no homes, it is desirable that, if normal in mind and body, and not requiring special training, they should be cared for in families whenever practicable. The carefully selected foster home is for the normal child the best substitute for the natural home".

Advantages of Placing in Families.

The fact that the family is the normal environment in which to rear a child is important. The individual care and affection that is only possible in the very small group is an overwhelming argument for family care, to say nothing of the elimination of the communicable disease hazard that is so great in the institutions that care for children in bulk.

Placing Must be Properly Done.

This presupposes, however, that the placing out is done with great care and skill by highly trained agents of some responsible child-placing organization, after exhaustive study of the family history and circumstances of the child himself and of the home in which it is to be placed in order to be sure that placing out is the correct solution of that particular child's problem, and that the child to be placed and the prospective foster home are fitted to each other.

Haphazard Placing.

Unfortunately, placing out in Toronto has not always been safeguarded in this fashion. This is particularly true of the placing out of babies in licensed baby boarding homes. Under the Maternity Boarding Houses Act these private homes are licensed by the Medical Officer of

Health to board babies for gain. The Medical Officer of Health is responsible only for the character and conduct of these homes from the health point of view—to see that they are reasonably safe places in which babies may be boarded. The question whether any particular child should be placed in one of these homes does not legally fall within the scope of the Medical Officer's discretion. The homes are licensed to carry on a business with all comers. The condition of premises and the equipment necessary are prescribed and supervised, as are also the methods to be employed, and the number of babies to be boarded, but when these requirements are met, it would seem that the licensee is authorized to admit any child for whom admission is sought, unless its admission may prove a health hazard.

No Public Control of Child Placing.

The great majority of the children placed in licensed boarding homes are brought there by parent or friend, and no responsible organization is consulted as to the wisdom of the step, nor is the social welfare of the baby, as distinct from its immediate physical welfare, under either direct or indirect supervision of the State. *In my opinion, no child should be cared for in a home not its own without the approval and supervision of some agency authorized by the State to look after the interests of the child.*

What this Department has Done.

For a number of years, the Department of Public Health has been attempting to control, in some measure, the admissions to these homes, at the same time protesting vigorously and continuously that this was not primarily a health function, nor was it one for which this Department seems best provided with legal powers.

We have always thought that the Children's Aid Society, which is the body to which the State has delegated the social side of child welfare, including the placing and guardianship of unfortunate children, is the logical body to concern itself with protecting the interests of these babies. With this in view, we have many times brought this matter to the notice of the Children's Aid Society, both with reference to individual cases and to the general situation, but with little result.

Children's Aid Society Limits Itself to Children Over Four Years of Age.

For a long time whenever an unmarried mother came to the office of this Department inquiring for the address of a licensed home in which she could place her baby, it was our custom to refer her to the Children's Aid Society for investigation, advice, and assistance. The Society,

however, would tell her that it could do nothing for her because its Shelter takes no children under four years of age. Apparently it has no equipment for the social investigation or skilled placing out of infants. The result has been that the Department of Public Health has been forced to blunder along in this work in default of some other agency to assume the responsibility.

Moral suasion has been brought to bear upon the boarding home keepers to induce them to admit only cases recommended by this Department, but the investigations have been necessarily inadequate, the workers untrained in this specialty, and the work done only in a very superficial manner. In many cases also admissions have been recommended by the Court or other agency and in others admission was made without our consent.

Efforts to Obtain Re-organization.

In March, 1918, realizing that the time had come when it must be decided definitely what organization was to be responsible for this work, I laid the case before Mr. J. K. MacDonald, President of the Toronto Children's Aid Society, who promptly called a conference of the various agencies interested in the social welfare of children in Toronto to discuss this problem. It was felt that some organization should assume responsibility for the welfare of neglected and dependent children and those in danger of becoming such, no matter what their ages. It was shown that no adequate plan for a child's future could be worked out if one organization was responsible up to four years of age, another from four to fourteen, and so on. The need of a highly efficient bureau was recognized by all, particularly to prevent, in many cases, the separation of mother and child, and also, when necessary, to conduct home finding on the most approved lines. So far as the baby homes are concerned, we felt that if such a bureau were established with adequate backing, the keepers could be made to see the advantages of admitting only children recommended by the Bureau. By a vote of the Conference it was agreed that the Children's Aid Society, by reason of the character of its work and its peculiar legal powers, was the proper agency to undertake the organization of such a bureau. A committee was formed for the purpose of enquiring into ways and means, but this committee has not yet reported. On several occasions we have made enquiries as to progress, and both the Neighbourhood Workers' Association and the Child Welfare Council have sent deputations to the Children's Aid Society to urge action along these lines and to offer their hearty co-operation and support, financial and other. The committee is still in existence but no action has yet been taken.

OPEN DOOR MAKES SEPARATION OF BABY FROM MOTHER TOO EASY.

The situation is so serious as to be a standing reproach on our civilization. At this time when, for various reasons, the tide of illegitimacy is at its height, the open door of the commercialized baby home is making it far too easy for an unmarried mother to evade the responsibilities of her mistake. In the interests of the child in nearly every case the mother should be required to remain with it at least to the end of the nursing period.

SEPARATION IS NOW ON BASIS OF CONVENIENCE, NOT BABY'S WELFARE.

It should be only after all of the other possibilities are exhausted that a mother should be permitted to separate herself from her baby—marriage to father of child, support by father of child, return to family, admission of mother and babe to a suitable institution, to a suitable family boarding place, or to a suitable private home on wages. No organization in Toronto is seriously attempting to exhaust these possibilities. The worst solution of the infants' problem is often the one that is easiest for the unfortunate mother.

It is particularly regrettable that no satisfactory machinery is at hand to compel the delinquent father to assume his share of the burden, nor does any organization consistently expend much energy upon utilizing what machinery is available.

EFFECT ON THE CITY TREASURY.

The "open door" feature of the licensed baby homes (and certain institutions), cannot but result in the City of Toronto being imposed upon. If any child can be admitted for whose maintenance payment is offered, there is no legal method of preventing non-residents of Toronto from using our homes to avoid publicity in their own localities. When, after a time, the parent ceases to pay for the child and disappears, the child becomes a charge upon the City of Toronto. Usually it is then too late to obtain the information that would enable the authorities to trace up the responsible parties and even to establish the responsibility of the municipality from which the child was brought. The fact is that, although the Children's Protection Act makes the municipality of the parent responsible to the Children's Aid Society for maintenance, it has not always been found possible to get another municipality to pay for a child deserted in Toronto, even when the evidence of responsibility is obtainable.

If the application for admission could be adequately investigated and the admissions controlled, it is probable that the out-of-town cases that are likely to become a public charge could be eliminated in the beginning,

and sufficient data could be collected about such cases as were received to simplify the tracing of the responsible parties if they should attempt to disappear.

Effect on Licensed Boarding Homes.

The fact that children may be placed in licensed homes by anyone who so desires means that the boarding home keeper makes her bargain with some private individual and not with a responsible child-placing agency. The keeper must, in every case, assume considerable risk of financial loss and troublesome legal complications if the baby is deserted. In such a case, the boarding home keeper is at the expense of maintaining the baby until the case can be finally disposed of by the Juvenile Court, which, for obvious reasons, usually requires a very long period. As the person in actual custody of the child, she has to bring the case to Court, produce all the evidence required by the Judge, and is expected to conduct the case. Of course these women are quite unable to do this with justice to the infant, and the attending loss, labour, and annoyance has resulted in driving out of the business the better class of women.

I regret to say that, even in cases of wards of the Children's Aid Society for whom municipal maintenance has been ordered by the Court, the boarding home keepers are subjected to such exasperating treatment that this has been the reason for several of the better homes announcing their intention to close up. Children are readily accepted from the Children's Aid Society because it is thought that the difficulty with reference to payment cannot exist. In actual fact, however, the Society refuses to pay the woman until the City of Toronto pays the Society. In some cases this means waiting many months. As most of these women are depending upon the payments to conduct their homes, they are not in a position to extend credit and should not be expected to do so to the incorporated body which officially represent the richest Province of the Dominion and also the richest city of that Province.

War conditions have resulted in an unprecedented number of children in distress and the consensus of expert opinion is that the family home is the best institution in which to place the child who must be cared for away from its mother. However, in spite of these facts, instead of the number of homes licensed for this purpose being increased and the standards improved, the numbers have steadily diminished and many of the better homes have been eliminated by the financial uncertainty and legal annoyance cited above.

In March, 1918, there were 99 baby boarding houses, whereas there are now only 62, and several of these are about to be closed up.

The demand for accommodation in these homes recently has been more urgent than ever before. In the past seven days, sixteen applica-

tions for vacancies in these homes have been received at our main office alone. Many cases are so urgent that they cannot be refused, and when the homes are already full, the result is over-crowding with its attending evils. These conditions become particularly aggravated when the infant institutions are under quarantine and are unable to admit any cases (as one or other of them usually is). Under these conditions, deserted babies that have to be housed somewhere by the Juvenile Court of some agency, must be admitted to baby homes regardless of whether they are already overcrowded. Similarly, when a mother is in hospital and temporary care must be provided for the baby, the licensed home is the only possibility if the institutions are in quarantine. Thus the pressure of need not only has forced us to permit more babies in certain homes than the best interest of the babies would suggest, but also some homes have been retained which, if the pressure were not so great, would not be permitted to continue in the work.

In March, 1918, 121 babies were cared for in 99 homes, whereas at present there are 117 babies in only 62 homes.

Recommendations.

In view of the foregoing facts, it must be apparent that the following steps are urgently required. (Detailed recommendations of ways and means are not in order in this report, but will be forthcoming when a comprehensive programme is being planned).

(1) *Legislation should be obtained prohibiting the placing out of children either in free or boarding homes excepting by some responsible agency authorized by the Province to do this work.* (*Probably the Children's Aid Societies*). This would mean that persons wishing to place a child out would have to apply to the authorized agency which alone would be competent to make the agreement with a foster home. Such legislation would substitute organized scientific child-placing for the haphazard, unsupervised dodging of parental responsibility that exists to-day. This would enable the homes to be properly selected for individual needs, would make payment certain, and would make a recognized agency responsible in case of desertion, etc. The Department of Health would still continue to co-operate by supervising health conditions of such homes as are used by the agency and by affording the advantages of Child Welfare Clinic Service, which includes complete physical examination and periodic observation and skilled advice on feeding, bathing, clothing, sleep and general care of each child below school age.

(2) *Any Agency authorized to do child-placing work must be required to adequately equip itself for the purpose.* A highly trained specialized staff is essential for this most exacting work. Moreover there should be a breadth of vision, a spirit of service and a lively appreciation of the

responsibility, dignity and importance of this most humanitarian work.

(3) The Agency so authorized and equipped should not devote its organization and attention to finding homes or boarding places for all comers, but to diagnosing the real need of the child and meeting that need. In other words, *the preventive side of the work must be developed as well as that of treatment.*

This would include the consideration and utilization of the several possibilities of each case other than placing out. Special attention should be given to making the parents and relatives assume their obligations. When it is considered necessary to separate mother and child, the agency should use the greatest deliberation in selecting the best care for the particular child, whether institutional or other.

Adequate physical and mental examination with prompt correction of remediable defects are an essential part of good child-placing.

An important function of such an agency should be to find suitable homes that are willing to care for children as a public service.

(4) *The Agency must be supplied with sufficient funds to carry on its work effectively.* Under the Children's Protection Act, the Children's Aid Societies are reimbursed by the municipality for the maintenance of children committed to their permanent custody or in their temporary care, upon application being made to the Juvenile Court for the necessary order. This would seem to cover most of the need. However, we understand that, up to the present, it has not been customary for the Societies in Toronto to assume temporary care of infants who have not yet been made wards, because they have not been aware that provision is made in the Act for the maintenance of such children.

Moreover, the St. Vincent de Paul Children's Aid Society is prohibited by Orders-in-Council from applying for any municipal support. This provides an excuse for inadequate service and should not be perpetuated. In my opinion the interests of the children would be better served by only one non-sectarian Children's Aid Society. Toronto is the only part of Ontario that has a separate Roman Catholic one. However, if there are to be two societies, they must both be adequately supported.

We might suggest, in passing, that this work is one that appeals to private philanthropy as no other does, if properly conducted and effectively presented.

(5) *Legislation should be obtained providing the necessary legal machinery to establish the parentage of children and to effectively compel illegitimate fathers to contribute to the support of their unfortunate children, and to give such children more satisfactory legal status, in fact all the status of the child born in wedlock.*

(6) *More adequate accommodation should be provided for the housing of mothers with babies throughout the nursing period*, and for their placing

and supervision afterward. The present institutions are arranged upon the "congregate" plan where the inmates are cared for "in bulk". Institutions on the "cottage system", properly organized, and located in the country, would be much preferable from the point of view of individual care and approximation to family life, and also from that of preventing the spread of communicable diseases. It should never be necessary to quarantine a whole institution because of a few cases of infection.

Provision should be made for intelligent and sympathetic classification of mothers in such institutions, and special provision should be made for the distinctly feeble minded group, as many of these mothers are in the moron class.

Mothers should not be thrown entirely upon their own resources when discharged from such institutions.

Boarding of mothers with babies in private families, and employment of such mothers in private homes should be carefully and systematically developed by the proper child welfare agency.

(7) *In many cases the question of whether or not the child and mother should be kept together after the nursing period can only be determined after a careful investigation by a psychiatrist to decide whether or not the mother is competent to become the guardian of the child.* We must not mistake the emotionalism of these mentally weak mothers for efficient maternal instinct. This emotionalism that will cause the mother to caress and fondle her child for half an hour or even an hour a day and to neglect it for the balance of the day, does not qualify her to be the guardian of the child. There is an element of danger here that cannot be overlooked. The duty of the State is primarily to the child.

(8) *Some arrangement must be made for the admission of nursing babies to hospitals with their mothers.* At present the Isolation Hospital is the only large hospital in Toronto that will admit a mother and nursing baby. For either mother or infant to have hospital treatment it is necessary at present that the baby be wet nursed or weaned.

The Provincial Board of Health of Ontario

THE health of the Province, as indicated by the reports of the Local Boards of Health of communicable diseases for the month of August may be considered very satisfactory. The decrease in cases is over 550. The most marked reductions are in typhoid fever, measles and whooping cough, the total deaths being the same as in the corresponding month of last year (175) exclusive of influenza, influenzal pneumonia, and primary pneumonia which were not reported in 1918. Smallpox, scarlet fever and diphtheria show a slight increase as may be seen in the comparative table.

The reports of Medical Officers of Heal th of venereal diseases show a decrease of 119 cases.

COMPARATIVE TABLE

	1919 August		1918 August	
Diseases	*Cases*	*Deaths*	*Cases*	*Deaths*
Smallpox	30	0	21	0
Scarlet Fever	120	2	101	1
Diphtheria	190	27	164	11
Measles	64	0	347	6
Whooping Cough	112	14	246	12
Typhoid Fever	69	16	240	27
Tuberculosis	176	109	206	116
Infantile Paralysis	3	0	5	2
Cerebro-spinal Meningitis	8	8	1	0
Influenza	8	0	0	0
Acute Influenzal Pneumonia	0	30	0	0
Acute Primary Pneumonia	0	28	0	0
Relapsing Fever and Dysentery	0	1	0	0
	780	235	1331	175

NOTE—The last four diseases were not reported in 1918.

VENEREAL DISEASES REPORTED BY MEDICAL OFFICERS OF HEALTH

Diseases	August 1919 *Cases*	August 1918 *Cases*
Syphilis	104	108
Gonorrhoea	169	280
Chancroid	5	9
	278	397

SMALLPOX CASES REPORTED

FOR AUGUST, 1919

	Cases
Brantford	1
Belleville	5
St. Catharines	2
Peterboro	8
Hamilton	5
Hespeler	1
Acton	1
Raleigh Tp.	1
Springer Tp.	1
Field Tp.	3
Belmont Tp	1
Smith Tp	1
	30

News Items

Captain R. R. McClenahan, C.A.M.C., has returned from overseas after nearly four years service. Captain McClenahan was formerly C.O. of the Divisional Laboratory, M.D. 2. He then organized a Sanitary Section which he took to England and later to France, where he joined the Fourth Canadian Division. He later served in a Canadian Field Ambulance in France.

Dr. G. G. Nasmith has resigned as Director of Laboratories, City Health Department, Toronto; the resignation to take effect the first of the year.

Major W. L. Hutton, C.A.M.C., has resigned his commission in the Canadian P.A.M.C. and has been appointed Medical Officer of Health for Brantford.

Captain Chester Brown, C.A.M.C., formerly of Williams Head Quarantine Station, Victoria, B.C., has returned from overseas Service, and has been made C.O. of the Divisional Laboratory, M.D. 2.

The Ninth Annual Meeting of the Canadian Public Health Association is to be held in Vancouver, B.C., in June, 1920, and not in Edmonton as at first intended. The Canadian Medical Association will meet in the same place, at about the same time.

Lt.-Col. R. E. Wodehouse, C.A.M.C., District Officer of Health, Fort William, Ontario, has returned from overseas service. Col. Wodehouse with Col. G. G. Nasmith proceeded overseas from Valcartier with the first contingent in October, 1914.

Dr. John A. Amyot, C.M.G., Deputy Minister of Health, Federal Health Department, Ottawa, spent some time in Washington early in September, in consultation with officers of the United States Public Health Service.

Major W. C. Laidlaw, C.A.M.C., has returned from overseas and has resumed his duties as Secretary of the Provincial Board of Health of Alberta, Edmonton.

Dr. Heber C. Jamieson, Acting Provincial Bacteriologist of Alberta has had to give up his work temporarily and take a prolonged holiday. The Journal extends very best wishes for a speedy return to health.

Preparations are already being made for the Ninth Annual Congress of the Canadian Public Health Association in Vancouver in June, 1920.

The Annual Meeting of the Canadian Association for the Prevention of Tuberculosis will be held in Ottawa on October 9th next. Dr. George D. Porter is General Secretary of the Association. It is hoped that all who are interested in this most important subject will be in attendance at the meeting.

The Rockefeller Institute has received the following letter from the Surgeon General of the United States Army:

Office of the Surgeon General,
Washington, D.C.

The Director and the Trustees of
The Rockefeller Institute for Medical Research,
66 St. and Ave. A., New York, N.Y.

Dear Sir and Gentlemen:

During the war which is now happily past, your Institute proved to be one of America's strongholds. I am informed that from the beginning to the end of hostilities the entire institution was placed by you at the disposal of the War Department and that you did work of the greatest value, not alone for the Medical Department but for the Chemical Warfare and Air Service; that your hospital as well as your laboratories became in effect as much a part of the Army as the hospitals and laboratories established by the War Department in our cantonments.

I have also been informed that this great work, extending ever the whole period of our participation in the war, was paid for entirely out of your own funds, and was without further support from the Government than the routine payment of salaries of such members and assistants of the institute as became part of the Medical and Sanitary Corps.

I thank you for your work of patriotism and your generosity in placing so fully at the disposal of the Medical Department your great and productive facilities for research, for teaching, and for the care of the sick.

Very sincerely yours,
(Signed) MERRITTE W. IRELAND,
Surgeon General, U.S. Army.

A.P.H.A. TO MEET IN NEW ORLEANS.

The next annual meeting of the American Public Health Association is to be held at New Orleans, Louisiana, October 27th to 30th inclusive. The central themes of discussion will be southern health problems, including malaria, typhoid fever, hookworm, soil pollution and the privy, etc.

The general belief among the health profession is that influenza will return next winter, and a full session will therefore be devoted to this subject for the purpose of developing methods of control.

A special effort has been made to arrange the programme to meet the practical needs of health officials. Accordingly there will be discussion on such questions as the attitude of legislators towards public health, the obtaining of appropriations, co-operation from women's clubs, health organizations, etc., the organization of health centres, and so on.

The programmes of the sections will, as usual, deal with public health administration, vital statistics, sanitary engineering, laboratory methods, industrial hygiene, sociology and food and drugs.

Two special programmes will also be presented on various phases of child hygiene and personal hygiene.

Winter railroad rates to New Orleans will be in effect from all points after October 1st.

The programme of the meetings will be published in the "American Journal of Public Health" appearing October 5th or may at that time be had upon application to the Secretary, 169 Massachusetts Avenue, Boston, Massachusetts.

The Nineteenth Annual Meeting of the Canadian Association for the Prevention of Tuberculosis

Under the distinguished patronage of His Excellency the Governor-General, the Nineteenth Annual Meeting of The Canadian Association for the Prevention of Tuberculosis will be held in the Chateau Laurier, Ottawa, on Thursday, October 9th, 1919, beginning at 10.30 o'clock. Jose A. Machado, Esq., president; Geo. D. Porter, M.B., secretary. The public are cordially invited to attend these meetings.

Programme.

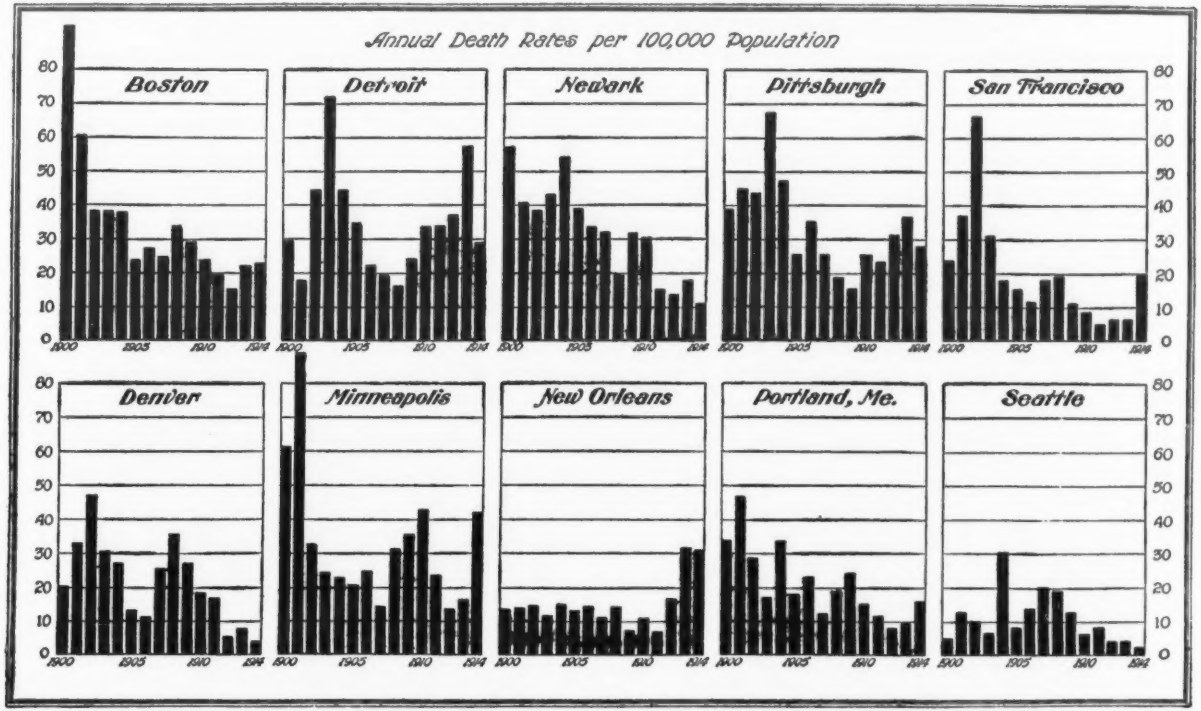
9.30 a.m. Meeting of the Executive Council.

10.30 a.m. Secretary's Report, Geo. D. Porter, M.B.; Nomination of Committees, The X-Ray in the Diagnosis of Pulmonary Tuberculosis, Dr. Harold M. Tovell.

2.00 p.m. The Visiting Nurse, Elizabeth E. Harris; What ought to be taught to-day about the Prevention of Tuberculosis, Dr. W. J. Dobbie; Tuberculosis in Infancy, Dr. Alan Brown; The Problem of the Discharged Soldier, Lieut.-Col. J. H. Elliott.

8.15 p.m. President's Address, José A. Machado, Esq.; The Present Needs of the Tuberculosis Campaign, Dr. John B. Hawes, Boston, Mass.; Election of Officers.

Mortality from Diphtheria and Croup



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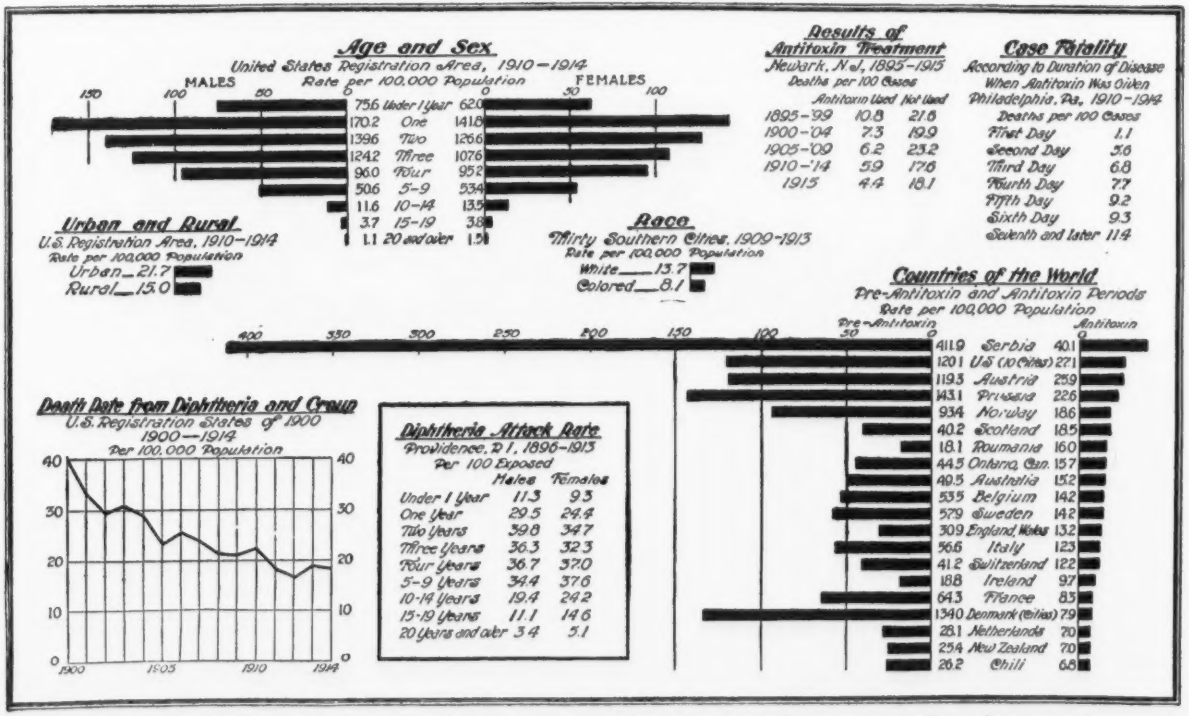
Mortality from Diphtheria and Croup



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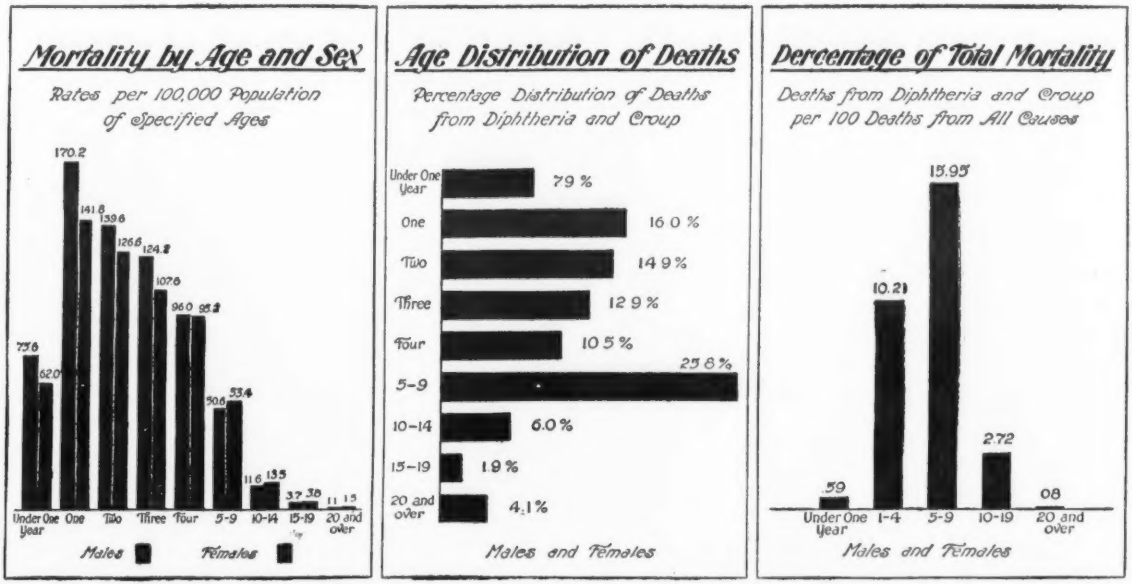
Mortality from Diphtheria and Croup

United States Registration Area, 1910—1914



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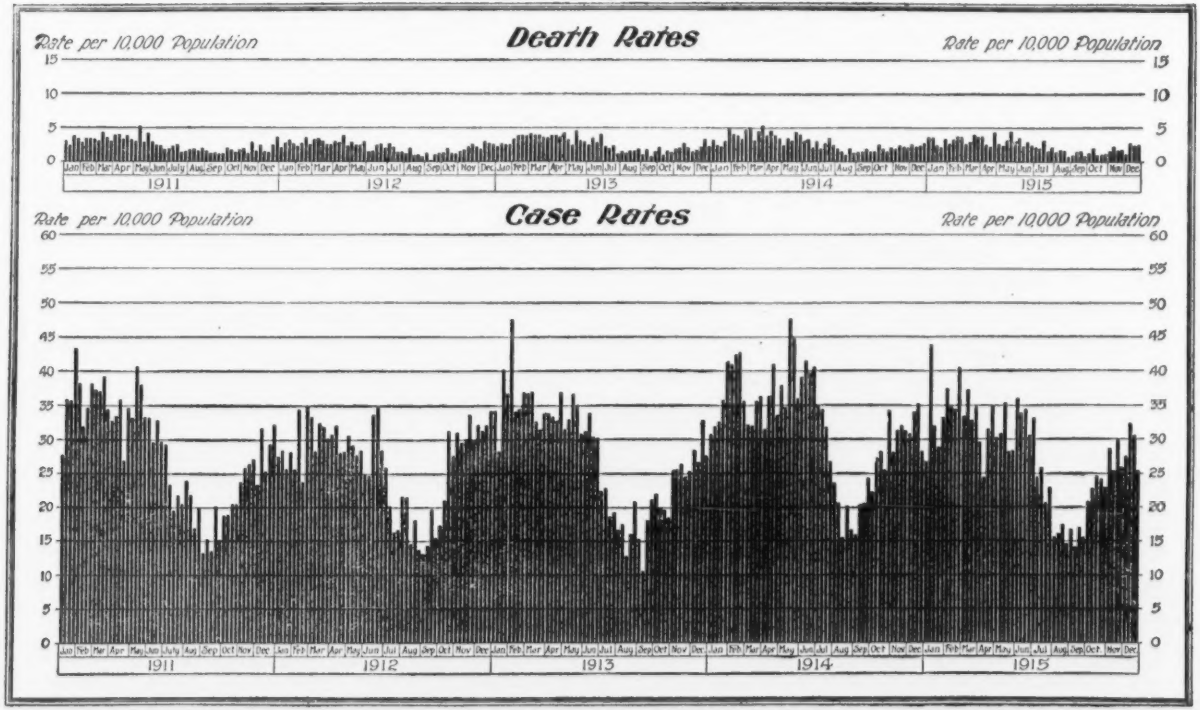
Seasonal Prevalence of Diphtheria and Croup

New York City, 1911 to 1915



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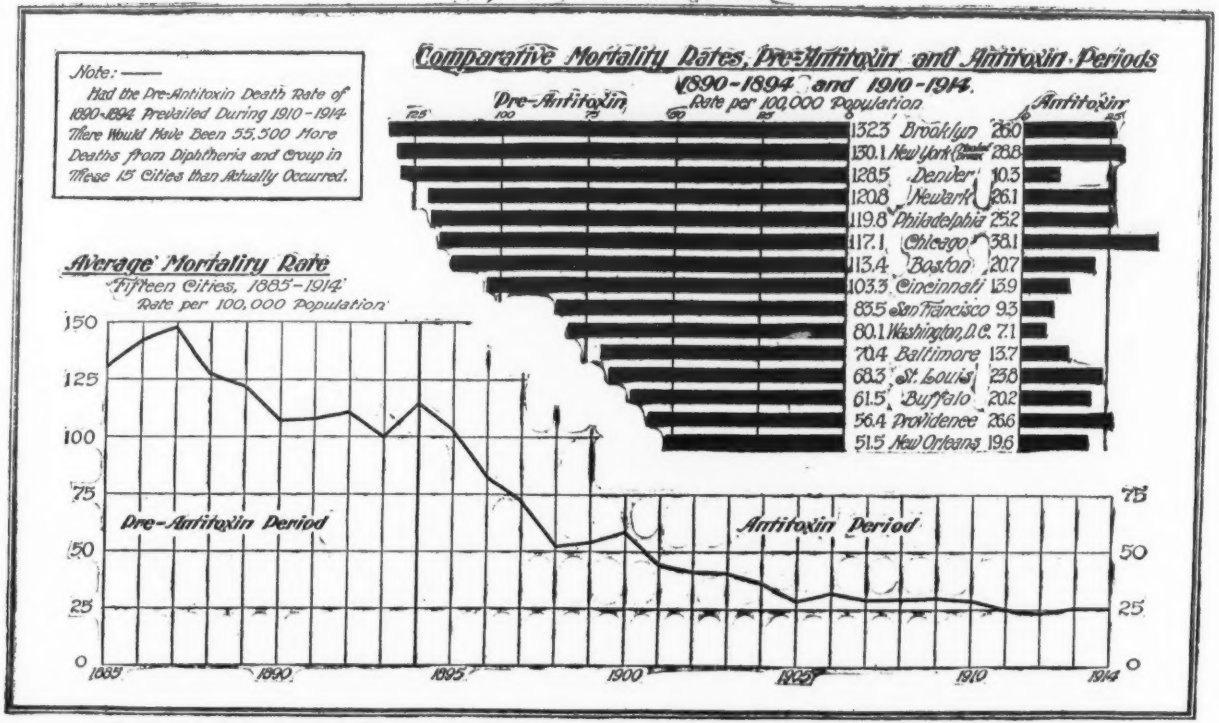
Mortality from Diphtheria and Croup

Fifteen American Cities



Original Tabulation, Statistician's Dept., The Prudential Insurance Co. of America

Editorial

Diphtheria Deaths

WE have endeavoured in recent numbers of the JOURNAL to direct attention to the subject of preventable deaths from diphtheria.

The necessity for widespread public health educational activity has been emphasized. One of the most useful methods of carrying on such educational work is by the use of charts dealing with diphtheria mortality. These charts can be used in reprint form, as leaflets, or they may be enlarged and used as posters or finally they may serve the purpose most satisfactorily as lantern slides.

Thanks to the Prudential Insurance Co. of America we are able to reproduce a series of charts illustrating various important diphtheria deaths. We will be glad to arrange to have these supplies at cost by the publishers of this JOURNAL; to Medical Officers of Health, School Medical Officers, Public Health Nurses and any others interested in this important subject.

The Care of Dependent Children

In the Social Background section of this issue is printed the special report of the Medical Officer of Health of Toronto, dealing with the problem of dependent children, with special reference to the children of unmarried mothers. It draws attention in a striking way to a condition of affairs in Toronto so acute as to become almost a scandal. Every year there are hundreds of children born (to use Dr. Hastings' phrase), of illegitimate parents and added to these are many others who through death of parents or bad home conditions, become a public charge.

The matter of the proper disposal of these children is a question of supreme social concern and the report very properly points out that there is now no body which definitely assumes this responsibility. The Children's Aid Society is the organization, which has been given legal power and authority to properly handle these questions. If it be true that the Children's Aid Society of Toronto limits its activities to children over four years of age it should state so publicly and publicly refuse a responsibility which as a matter of fact it is not actually carrying. It would then be in order to secure legislative authority for some organization

which would take that responsibility. It would, however, be a serious matter to cut up in this way the child-caring function and it would be much better if a child-placing expert were engaged by the Children's Aid Society and placed in charge of a Bureau which would be under its own general supervision.

The report opens up a problem which cannot remain where it is. The future of these hundreds of children is too vital a matter to be left to the present haphazard methods of disposal. The problem, as stated in the report, is certainly not confined to Toronto and should be read by socially minded people in other centres with a view to ascertaining whether a similar condition of affairs does not exist in their own locality.